

No. 300
10-48

0080
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10963

State File No.

FILED MAY 2 1955
77476-54

BIRTH NO. _____ REG. DIST. NO. 31 PRIMARY REG. DIST. NO. 5107 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>Benton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Benton</u>	
b. CITY OR TOWN <u>Lincoln (White township)</u>		c. CITY OR TOWN <u>Lincoln (Rural)</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>4 1/2</u>		e. STREET ADDRESS (If rural, give location) <u>0080 White township - 3 miles N of Lincoln</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>JANET</u> b. (Middle) <u>FAVE</u> c. (Last) <u>LACKMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Apr 28, 1955</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Baby</u>	
8. DATE OF BIRTH <u>Nov 26, 1954</u>		9. AGE (In years last birthday) <u>0</u>		10. <u>5</u> MONTHS <u>2</u> DAYS <u>0</u> HOURS <u>0</u> MIN.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Baby</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Henry Co Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>					

13a. FATHER'S NAME <u>Theodore Lackman</u>		13b. MOTHER'S MAIDEN NAME <u>Opal Kreisler</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Theodore Lackman</u> ADDRESS <u>Lincoln, Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
<p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial pneumonia</u>			<u>2 days</u>
		ANTECEDENT CAUSES			
		DUE TO (b) <u>Thymus gland enlargement.</u> DUE TO (c) <u>Islandular dyscrasia</u>			<u>unk known</u>
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <u>Mongoloid type of infant</u>			<u>5 months</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>273X</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 4-28-, 1955, to 4-28-, 1955, that I last saw the deceased alive on 4-28-, 1955, and that death occurred at 8:45 P. M., from the causes and on the date stated above.

23a. SIGNATURE <u>T.R. Mrs. Bae</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Box 13 Lincoln Mo.</u>		23c. DATE SIGNED <u>4-29-55</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr 30, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Zion Lutheran</u>		24d. LOCATION (City, town, or county) (State) <u>Lincoln Benton Co. Mo</u>	
DATE REC'D BY LOCAL REG. <u>Apr 29, 1955</u>		REGISTRAR'S SIGNATURE <u>86 Eickhoff</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John F. Krew</u> ADDRESS <u>Lincoln, Mo</u>			

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *John J. Reser*.....
Licensed Embalmer No. 409

P. O. Address *Wassaic*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.